

CITY OF CHARLESTON
TAXI CAB / CHAUFFEUR / PEDICAB DRIVER'S PERMIT
INSTRUCTIONS

- 1) You can pick up a City of Charleston Taxi Cab Driver's Permit Application or Rickshaw/Pedicab Application at the City of Charleston Police Department, Administrative Support Division, located at 180 Lockwood Boulevard. You may also print out an application online by visiting the City of Charleston website at www.charleston-sc.gov, select "Departments", then "Police Department" and then "Publications and Forms". The entire application must be completed within **30 days** of the date you submit your application.
- 2) Completed Applications must be returned to the City of Charleston Police Department's Administrative Support Division between the hours of 8:00am and 3:00pm Monday through Friday. **Annual renewals are only in the month of January.** They will begin the first business day of January and continue Monday through Friday from 8:00 until 3:00 pm through the last business day of January. Along with your completed application you must submit the following items:

- A) The Medical Statement that is included in this packet must be completed by your physician. Pedicab operators are excluded. **SC D.O.T. cards will not be accepted.**
- B) A **certified** criminal records check through SLED (South Carolina Law Enforcement Division). This information may be obtained by **mailing** the enclosed form, a \$25.00 money order, certified/cashier's check or business check along with a self-addressed stamped envelope to:

SLED Records Department
P.O. Box 21398
Columbia SC 29221-1398

****As of Monday December 15, 2008 the SLED Records Check Division located at 4400 Broad River Rd. in Columbia SC. will no longer be open to walk-ins.**

NOTE: WE NO LONGER ACCEPT RECORD-CHECKS OBTAINED ON-LINE FROM THE SLED WEBSITE.

- C) A **certified** Ten-Year (10) Driving Record from the SC Division of Motor Vehicles. Requests for this record should be made in person at the DMV Branch office in front of Police headquarters at 180 Lockwood Blvd. **Online printouts will not be accepted.**
 - D) Present your current South Carolina Driver's License. Your address on the application **must match** the current address on your current S.C. driver's license. **No Exceptions.**
 - E) Proof of employment in the form of a letter from the company on company letterhead (example: John Doe will be working for the "Z-CAB" Company...). **Company owners are required to submit their Insurance Binder or Business License.**
- 3) Incomplete Applications will not be accepted. Applications which are determined to be incomplete will be returned to the applicant.

NOTE THE FOLLOWING:

- 1) Fee for License: \$20.00; there is a \$30 fee if you will be driving for more than one company at the time of submitting your application.
- 2) There is a \$20 late fee for renewals submitted after the last business day in January.
- 3) There is a \$20 replacement fee for all lost/stolen/damaged cards or adding/changing companies after the application date.

**APPLICATION
CITY OF CHARLESTON
CHAUFFEUR / TAXI CAB / PEDICAB LICENSE**

Date of Application _____

Driver's License No. _____ State _____ Exp. Date _____
Last Name _____ First Name _____ MI. _____
Race _____ Sex _____ Date of Birth _____ S.S.No. _____
Address _____ City _____ State _____ Zip _____
Telephone No. _____ Alternate Phone No. _____
HGT. _____ WGT. _____ Hair _____ Eyes _____

List Three Local Personal References who have known you personally and can speak to your character:

- 1) Name _____ Telephone No. _____
Complete Address _____
2) Name _____ Telephone No. _____
Complete Address _____
3) Name _____ Telephone No. _____
Complete Address _____

List traffic violations with dispositions for the past three years:

Have you ever been arrested? No _____ Yes _____

If yes, list all arrests with dispositions:

Please attach to the application the following items:

- 1) Signed Medical Statement (Pedicab operators are excluded/SCDOT cards will not be accepted)
- 2) Certified Criminal Background Check through SLED (No Online Printouts)
- 3) Certified Ten-Year Driving Record through SC DMV (No Online Printouts)
- 4) Proof of Employment (Drivers)/Current City of Charleston Business License and Insurance Binder (Owners).
- 5) **PRESENT** your **ORIGINAL SC Driver's License** (Clerk will make and attach a copy)

I hereby submit this application for a City of Charleston Taxi Cab or Pedicab license and attest to the fact that all of the above and attached information is true and accurate. I understand that any false or incomplete statements shall invalidate the permit application.

Applicant Signature _____ Date _____

Administrative Support Services Office Use Only

☐ Approved ☐ Denied By: _____ Date _____

Reason for Denial _____ Supervisor: _____ Make copies of **all documents** including the **Denial Sheet**, place copies in the yellow folder labeled "Denial Folder" located in the black filing cabinet labeled "Chauffeur License" located in the Document Retrieval Room.

Sec. 31-120. Qualifications of applicant.

Each applicant for a taxicab driver's permit and a chauffeur's license shall meet the following requirements:

- (1) Be at least eighteen (18) years of age.
- (2) Be of sound physique, with good eyesight, and not subject to epilepsy, vertigo, heart trouble, or any other infirmity of body or mind which might render him unfit to safely operate a taxicab or limousine.
- (3) Be able to read, write, and speak the English language.
- (4) Be clean in dress and person.
- (5) Be not addicted to the use of drugs or intoxicating liquors.
- (6) Be a person of good moral character, and furnish as references the names of three (3) reputable citizens of the city who have known him personally and observed his conduct.
- (7) Be the holder of a valid automobile driver's license from the Department of Motor Vehicles.

(Ord. No. 2010-61, § 1, 4-13-10; Ord. No. 2011-21, §§ 14, 15, 3-22-11)

**CITY OF CHARLESTON
TAXI CAB / PEDICAB DRIVER'S PERMIT
MEDICAL STATEMENT**

I _____, (attending or hospital physician) examined
_____ on this _____ day of _____ 20____,
and I confirm that the examinee does not have any physical or mental condition which
would prevent him / her from safely operating a limo/taxicab in the City of
Charleston.

Physician's Signature

Date

Address

()
Telephone Number

City State Zip

()
FAX Number

Patient Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize my attending physician and/or hospital to release any information or copies
there-of acquired in the course of my examination for this certificate to the city of Charleston or
my employer and their affiliates and each of their representatives.

Patient Signature

Date

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY
Governor



MARK A. KEEL
Chief

CRIMINAL RECORDS CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): _____

AKA and/or MAIDEN NAMES: _____

DOB: _____

SSN _____

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

NAME OF CHARITABLE ORGANIZATION (if applicable): _____

CHARITABLE VERIFICATION ACCOUNT # (if applicable): _____

PLEASE NOTE:

The fee is twenty-five dollars (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8). A charitable organization must include its name and account number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. **PERSONAL CHECKS WILL NOT BE ACCEPTED.** This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal records check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp. *Please enclose a self addressed stamped envelope for the return of your record check.

SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.

(CJ-022) 5/11/11

